



# DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, Hawaii 96813  
Web site: [www.invest.hawaii.gov](http://www.invest.hawaii.gov)

## ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

A business interested in participating in the Hawaii EZ Program first must complete the enrollment application. Your eligibility for EZ tax and other benefits will begin when the application is approved. However, approval of the application does not guarantee that your business will qualify for EZ benefits each year. At the end of each tax year, an End-of-Year Report form must be submitted with the information necessary to determine if your business has satisfied the annual gross receipts and hiring requirements.

This application has four parts:

1. Business Type
2. Background Data
3. Tax and Employment Information
4. Declaration

**SECTION I, BUSINESS TYPE** – This section to be used to declare the type of business that will be applying in this form.

**SECTION II, BACKGROUND DATA** – This section to be used to verify that your business is eligible for EZ benefits and that your business is actually located in an enterprise zone. This information will also be used to monitor the types of businesses participating in the EZ Program so the overall value of the program can be measured.

**SECTION III, TAX AND EMPLOYMENT INFORMATION** – This section to be used to verify the value of the state tax benefits you claim and the number of employees you report. This information will also be used to monitor the financial impact of the EZ incentives on both the tax liability of participating businesses as well as on state tax revenues (relative to the number of persons hired and the unemployment rate in each enterprise zone) in order to determine the cost-effectiveness of the program.

**SECTION IV, DECLARATION** – This section must be signed by a person authorized to act on behalf of the business. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

After verifying that your business meets the program requirements for enrollment, DBEDT will notify you and forward your application to your County EZ Coordinator.



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### ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

To submit an online version of this form, visit [ezforms.ehawaii.gov](http://ezforms.ehawaii.gov).

To submit a paper form, mail your completed form to Department of Business, Economic Development & Tourism, No. 1 Capitol District Building, 250 South Hotel Street, 5<sup>th</sup> Floor, Honolulu, HI 96813, or fax your completed form to (808) 586-2589. NOTE: If submitting forms by mail or fax instead of online, please allow an extra 2-4 weeks processing time.

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QUESTIONS? Call the State Enterprise Zone Coordinator at (808) 587-2757, or your County Enterprise Zone Coordinator. For a list of contact phone numbers, visit <http://invest.hawaii.gov/business/ez#contact>

Some of the information submitted via EZ Program forms may be subject to public inspection under Hawaii's Uniform Information Practices Act, Chapter 92F, Hawaii Revised Statutes, which governs public access to government records. For more information on what may be disclosed and what may be considered confidential please see our program confidentiality guidelines at <http://invest.hawaii.gov/business/ez/disclosure>.

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## ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

### SECTION I: BUSINESS TYPE

Check all that apply:

- ☐ Are you manufacturing company?
- ☐ Are you wholesaling company?
- ☐ Are you service company?
- ☐ Not applicable

### PRIMARY INDUSTRY

Please select your primary industry (check one):

- ☐ Agricultural production or processing
- ☐ Aviation or maritime repair or maintenance
- ☐ Telecommunication switching and delivery
- ☐ Information technology design and production
- ☐ Medical research, clinical trials, and Telemedicine
- ☐ For-profit training programs in international business management or environmental remediation
- ☐ Biotechnology research, development, production, or sales
- ☐ Repair or maintenance of assistive technology equipment used by disabled persons
- ☐ Certain types of call centers such as bill collection, technical support for computer hardware and software manufacturers, disease management services, product fulfillment services, or disaster management services
- ☐ Wind energy production
- ☐ Other



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### ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

#### SECTION II: BACKGROUND DATA

Business Name \_\_\_\_\_

Type of Business Structure (check one):

- ☐ C-Corporation
- ☐ Limited Liability Corporation (LLC)
- ☐ Partnership
- ☐ S-Corporation
- ☐ Sole Proprietorship

Date Established (mm/dd/yyyy) \_\_\_\_\_

Establishment City \_\_\_\_\_

Establishment State or Country \_\_\_\_\_

Main Address

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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### ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

#### SECTION II: BACKGROUND DATA (continued)

Mailing Address

☐ Same as Main Address

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enterprise Zone Establishment Address

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date EZ establishment began operations (if different from date business was established): \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_



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#### SECTION III: TAX & EMPLOYMENT INFORMATION

When providing the information requested below, leave blank any questions that request information for a year during which your EZ establishment and/or other Hawaii operations did not exist.

Fiscal/Tax Year Start Date Month (mm/dd): \_\_\_\_\_

Annual Gross Revenues For Most Recent Tax Year Ending (yyyy): \_\_\_\_\_

EZ Establishment: \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_

Hawaii General Excise Tax Payment

EZ Establishment: \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_

Most Recent Annual Unemployment Insurance Premium Payment

EZ Establishment: \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_

Most Recent Annual Hawaii State Income Tax Payment

EZ Establishment: \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_

Income Taxes Paid to Other States (if any) In Most Recent Tax Years

Note: This information is necessary only if you did not pay any Hawaii State income tax in most recent tax year.

Year (yyyy): \_\_\_\_\_

EZ Establishment: \$ \_\_\_\_\_ All Hawaii Operations \$ \_\_\_\_\_



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## ENTERPRISE ZONES PROGRAM ENROLLMENT APPLICATION FOR BUSINESSES

### SECTION III: TAX & EMPLOYMENT INFORMATION (continued)

Real Property Taxes Paid As Owner, Lessee, Or Tenant On Property Located In The Enterprise Zone

Most Recent Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Average Monthly Payroll (Three Most Recent Tax Years)

Most Recent Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Previous Year (yyyy): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Current Number of Full Time Employees At EZ Establishment: \_\_\_\_\_

Participation In Any County, State, Or Federal Government-funded Programs (Check Appropriate):

☐ Business Loans

☐ Job Training

☐ None

☐ Other

### SECTION IV: DECLARATION

Name of Applicant (Print) \_\_\_\_\_

Applicant's Title or Position \_\_\_\_\_

\*\*\*\*\* END OF APPLICATION \*\*\*\*\*